|          | Α  | В      | С        | D      | Е      | F      | G     | Н     | 1  | J     | K     |      | М    | N    | 0    | Р    | Q      | R      | S | Т        | U     | V |
|----------|--|--------|----------|--------|--------|--------|-------|-------|--|-------|-------|------|------|------|------|------|--------|--------|---|----------|-------|---|
| 2        | Family Education & Support pg 2  |        |          |        |        | •      |       | •••   | <u>'                                    </u> |       |       | _    | .,,  |      |      |      | •      |        |   | eligible |       | • |
|          | Provider Name: AWARE Inc.  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        | . C cg |   | _        |       |   |
|          | Comprehensive Evaluation - 12/31/07 Sample >   | IFES-1 | IFES-2   | IFES-3 | IFES-4 | IFES-5 | FES-1 | FES-2 | FES-3  | FES-4 | FES-5 | PC 1 | PC 2 | PC 3 | PC 4 | PC 5 | exit 1 | exit 2 | 1 | 2        | QAOS# |   |
| 5        | FSS >  | J.P.   | J.P.     |        | C.C.   |        |       |       |  |       |       |      |      |      | -    |      |        |        | - |          |       |   |
|          | STANDARD FILE NAME >   |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | RESOURCES & SUPPORTS   |        | 1        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | Resources/supports identified in IFSP & provided to eligible child/family?   | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 9        | 2. Gaps in planned vs actual services or planned vs actual delivery date?  | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | PROCEDURAL SAFEGUARDS  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | Proof of liability insurance for transportation providers?   | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | Families provided with agency internal complaint and/or appeal procedures?     Families informed of specific complaint/appeal process for issues of eligibility,           | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 14       | screening and IFSP's???  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | 4. Evidence of confidentiality in the collection, storage, disclosure & destruction of   | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 16<br>17 | personally identifying information?  5. Do parents have access to child & family records?  | 2      | ) 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | 6. Families receive all information on services, (including families rights & safeguards)  | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 19       | jargon free and in their native language or typical means of communication?  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 20<br>21 | <ol> <li>Agency policy requires all services are non-discriminatory?</li> <li>Documentation of consent before evaluations are conducted, before services begin,</li> </ol> | 2      |          | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 22       | before information is gathered or released from/to other sources?  | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 23       | 9. Families are informed that participation is voluntary?  | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 24       | 10. Family Support Specialists carry Primary or Comprehensive certification?   | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | 11. When a family is exited or voluntarily leaves services, was DPHHS policy followed?   | 2      | 2 2      | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 26<br>27 | TIMELINES  1. IFSPs are evaluated, revised or rewritten in compliance with state and federal regs?   | 2      |          | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 28       | (6 mo. review for Part C, annually for FES and IFES)   | 2      |          | 2      | 2      |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | OTHER CONTRACT PROVISIONS  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 30       | Does the agency submit a waiting list to the Regional Office each month?   | 2      | 2        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | 2. ICAPs are completed & submitted for each child on the waiting list, & each  | 2      | 2        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 32       | child served? (initial ICAP for FES & follow along upon entrance to services)  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | 3. The agency maintains staff to individual served ratios according to Appendix I?   | 2      |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 34<br>35 | 4. Waiting list families contacted at least every 6 months to determine ongoing need &   | 2      | <u>'</u> |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | to provide information & referral resources?  5. Notification to Regional Office regarding changes to service on Client Status form?                                       | 2      | 2        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | DPHHS programs are payer of last resort for IFSP services?   | 2      |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 38       | 7. Contractor meets other Appendix I provisions regarding CFS service requirements?  | 2      | +        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 39       | INFORMATION & REFERRAL FOR INELIGIBLE PERSONS  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 40       | Is information about other potential services available to families not currently  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 41       | served?  2. Are children/families who are not eligible, referred to other appropriate agencies?  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
|          | NOTATIONS OR OTHER COMMENTS  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 44       |  |        | 1        |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 45       |  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 46       |  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 47<br>48 |  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |
| 70       |  |        |          |        |        |        |       |       |  |       |       |      |      |      |      |      |        |        |   |          |       |   |